



|   |                              |   |                                     |
|---|------------------------------|---|-------------------------------------|
| <b>AMENDMENT TRANSMITTAL LETTER</b>                                   |                              |   | Docket Number<br>VPM-02001          |
| Application Number<br>10/596,465                                      | Filing Date<br>June 14, 2006 | First Named Inventor:<br>Koichi SHIMAMURA | Group Art Unit<br>2465              |
| Invention Title: <b>PRESENCE DISPLAY SYSTEM AND GATEWAY APPARATUS</b> |                              |   | Examiner<br><b>Bo Hui Alvin ZHU</b> |

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application, including:

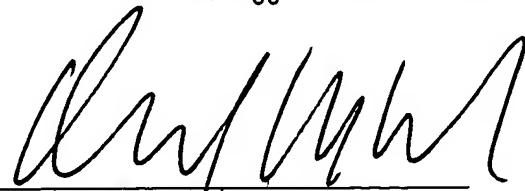
- (X) Request for Continued Examination;
- (X) Amendment and Response;
- (X) Amendment Transmittal;
- (X) PTO-2038; and
- (X) Return Postcard.

**CLAIMS AS AMENDED**

| (1)  |   | (2)   |   | (3)                        |         |     |
|--|---|-------|---|----------------------------|---------|-----|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>NUMBER<br>EXTRA | RATE    | FEE |
| TOTAL CLAIMS   | 15  | Minus | 20  | 0                          | x \$ 52 | \$  |
| INDEPENDENT CLAIMS   | 3   | Minus | 3   | 0                          | x \$220 | \$  |
| MULTIPLE DEPENDENT<br>CLAIM ADDED  |   |       |   |                            | \$390   | \$  |
|  |   |       |   |                            | TOTAL   | \$  |
| If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here. |   |       | SMALL ENTITY TOTAL                          |                            | \$      |     |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* If the highest number previously paid for Total Claims in column 2 is less than 20, enter "20."  
\*\*\* If the highest number previously paid for Independent Claims in column 2 is less than 3, enter "3."  
The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.

- ( ) Please charge **Deposit Account Number 503596** in the amount of \$\_\_\_\_\_.
- ( ) Please charge \$ \_\_\_\_\_ to our credit card. Attached is PTO Form 2038.
- ( ) A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.
- (X) Please credit any overpayment and/or charge any additional filing fees required under 37 CFR §§ 1.16 and 1.17 to our **Deposit Account Number 503596**.

  
Donald W. Muirhead, Reg. No. 33,978  
August 3, 2010  
Date

Customer No. 54004

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 3, 2010.

  
Sandra Pires